

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MICHIGAN

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Michael**

First name

**D.**

Middle name

**Hickman**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

**Melissa**

First name

**M.**

Middle name

**Hickman**

Last name and Suffix (Sr., Jr., II, III)

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-8448**

**xxx-xx-2259**

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**34497 Glover  
Wayne, MI 48184**

Number, Street, City, State & ZIP Code

**Wayne**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. <b>What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.” <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts _____		
17. <b>Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. <b>How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. <b>How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. <b>How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Michael D. Hickman**

**Michael D. Hickman**

Signature of Debtor 1

**/s/ Melissa M. Hickman**

**Melissa M. Hickman**

Signature of Debtor 2

Executed on March 28, 2017  
MM / DD / YYYY

Executed on March 28, 2017  
MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

**/s/ ROBERT W. BISHOP**  
Signature of Attorney for Debtor

Date

**March 28, 2017**  
MM / DD / YYYY

**ROBERT W. BISHOP**

Printed name

**Berman & Bishop, PLLC**

Firm name

**24405 Gratiot  
Eastpointe, MI 48021**

Number, Street, City, State & ZIP Code

Contact phone **(586) 775-0600 (Bishop)**  
**(586) or 779-6000 (Berman)**

Email address

**bermanbishop@gmail.com or**  
**JackBerman72@gmail.com**

**P-66345**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>12,620.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>12,620.00</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>15,316.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>15,316.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>1,400.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>1,400.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>93,801.31</b>
		<b>Your total liabilities</b> \$ <b>110,517.31</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>1,954.95</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>1,954.95</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>1,954.00</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>1,954.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?  
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes
- What kind of debt do you have?  
 Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,698.49

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	<b>Total claim</b>
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>1,400.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$ <u>1,400.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Chrysler**  
Model: **Town & Country**  
Year: **2009**  
Approximate mileage: **125,000**  
Other information:  
**in debtor's possession**

Who has an interest in the property? Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?      Current value of the portion you own?

**\$5,000.00**      **\$5,000.00**

3.2 Make: **Ford**  
Model: **Escape**  
Year: **2005**  
Approximate mileage: **268,000**  
Other information:  
**in debtor's possession**

Who has an interest in the property? Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?      Current value of the portion you own?

**\$1,000.00**      **\$1,000.00**

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known) \_\_\_\_\_

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$6,000.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

**Miscellaneous Furniture  
in debtor's possession**

**\$1,500.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**Television, Computer & Cell Phones  
in debtor's possession**

**\$600.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Miscellaneous Clothing  
in debtor's possession**

**\$800.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Miscellaneous Jewelry  
in debtor's possession**

**\$400.00**

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known) \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No  
 Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$3,300.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

**Cash on Hand in debtor's possession** **\$20.00**

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

**17.1. Checking** **Bank of America** **\$300.00**

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account:

Institution name:

Pension	Pension through Union	\$0.00
---------	-----------------------	--------

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**Anticipated Portion of 2017 Tax Refunds**

**Federal, State & Local**

**\$3,000.00**

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$3,320.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known) \_\_\_\_\_

<b>Part 8: List the Totals of Each Part of this Form</b>		
55. Part 1: Total real estate, line 2	.....	<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	.....	<b>\$6,000.00</b>
57. Part 3: Total personal and household items, line 15	.....	<b>\$3,300.00</b>
58. Part 4: Total financial assets, line 36	.....	<b>\$3,320.00</b>
59. Part 5: Total business-related property, line 45	.....	<b>\$0.00</b>
60. Part 6: Total farm- and fishing-related property, line 52	.....	<b>\$0.00</b>
61. Part 7: Total other property not listed, line 54	+	<b>\$0.00</b>
62. Total personal property. Add lines 56 through 61...	.....	<b>\$12,620.00</b> Copy personal property total <b>\$12,620.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$12,620.00</b>

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

#### Debtor 1 Exemptions

<b>2005 Ford Escape 268,000 miles in debtor's possession</b> Line from <i>Schedule A/B</i> : 3.2	\$1,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
<b>Miscellaneous Furniture in debtor's possession</b> Line from <i>Schedule A/B</i> : 6.1	\$1,500.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Television, Computer &amp; Cell Phones in debtor's possession</b> Line from <i>Schedule A/B</i> : 7.1	\$600.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Miscellaneous Clothing in debtor's possession</b> Line from <i>Schedule A/B</i> : 11.1	\$800.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Miscellaneous Jewelry in debtor's possession</b> Line from <i>Schedule A/B</i> : 12.1	\$400.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Cash on Hand in debtor's possession</b> Line from <i>Schedule A/B: 16.1</i>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <b>\$10.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking: Bank of America</b> Line from <i>Schedule A/B: 17.1</i>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <b>\$150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Pension: Pension through Union</b> Line from <i>Schedule A/B: 21.1</i>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(10)(E)</b>
<b>Federal, State &amp; Local: Anticipated Portion of 2017 Tax Refunds</b> Line from <i>Schedule A/B: 28.1</i>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2

**Melissa M. Hickman**

(Spouse if, filing)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number \_\_\_\_\_  
(if known)

Check if this is an  
amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	

#### Debtor 2 Exemptions

<b>2005 Ford Escape 268,000 miles in debtor's possession</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(2)</b>
<b>Miscellaneous Furniture in debtor's possession</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$750.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Television, Computer &amp; Cell Phones in debtor's possession</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$600.00</b>	<input checked="" type="checkbox"/> <b>\$300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Miscellaneous Clothing in debtor's possession</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Miscellaneous Jewelry in debtor's possession</b> Line from <i>Schedule A/B</i> : 12.1	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(4)</b>

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<b>Cash on Hand in debtor's possession</b> Line from <i>Schedule A/B: 16.1</i>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking: Bank of America</b> Line from <i>Schedule A/B: 17.1</i>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Federal, State &amp; Local: Anticipated Portion of 2017 Tax Refunds</b> Line from <i>Schedule A/B: 28.1</i>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Credit Acceptance Corp.	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
		2009 Chrysler Town & Country 125,000 miles in debtor's possession	\$15,316.00	\$5,000.00	\$10,316.00

Creditor's Name

PO Box 5070  
Southfield, MI 48086

Number, Street, City, State & Zip Code

#### Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Car Loan**

Date debt was incurred **2014**

Last 4 digits of account number **8448**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$15,316.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$15,316.00**

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Central Insolvency Center</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	<b>\$1,400.00</b>	<b>\$1,400.00</b>	<b>\$0.00</b>
		When was the debt incurred?	<b>2014</b>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <b>Federal Income Tax</b>			

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.1	<b>Accelerated Receivables</b> Nonpriority Creditor's Name <b>2223 Broadway</b> <b>Scottsbluff, NE 69361</b> Number Street City State Zip Code	Last 4 digits of account number <b>1848</b>	\$104.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? <b>2015</b>	
	<b>Check if this claim is for a community debt</b>	As of the date you file, the claim is: Check all that apply	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	
4.2	<b>Akron Billing Center</b> Nonpriority Creditor's Name <b>3585 Ridge Park Dr.</b> <b>Akron, OH 44333</b> Number Street City State Zip Code	Last 4 digits of account number <b>1432</b>	\$465.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? <b>2015</b>	
	<b>Check if this claim is for a community debt</b>	As of the date you file, the claim is: Check all that apply	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	
4.3	<b>Akron Billing Center</b> Nonpriority Creditor's Name <b>3585 Ridge Park Dr.</b> <b>Akron, OH 44333</b> Number Street City State Zip Code	Last 4 digits of account number <b>1432</b>	\$324.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? <b>2015</b>	
	<b>Check if this claim is for a community debt</b>	As of the date you file, the claim is: Check all that apply	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.4	<b>Assoicates in Gastroenterology PC</b> Nonpriority Creditor's Name <b>PO Box 44047</b> <b>Detroit, MI 48244-0047</b> Number Street City State Zip Code	Last 4 digits of account number <b>5294</b>	\$91.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>2014</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>		
4.5	<b>Astro Ins Agencies Inc</b> Nonpriority Creditor's Name <b>10894 Beech Daly Rd</b> <b>Taylor, MI 48180</b> Number Street City State Zip Code	Last 4 digits of account number <b>3771</b>	\$227.60
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>2012</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>		
4.6	<b>AT&amp;T U-Verse</b> Nonpriority Creditor's Name <b>P.O. Box 5014</b> <b>Carol Stream, IL 60197-5014</b> Number Street City State Zip Code	Last 4 digits of account number <b>8746</b>	\$62.73
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>2015</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Cable Bill</b>		

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.7

<b>Beaumont</b> Nonpriority Creditor's Name <b>PO Box 674576</b> <b>Detroit, MI 48267-4576</b> Number Street City State Zip Code	Last 4 digits of account number <b>7628</b>	\$250.00
	When was the debt incurred? <b>2016</b>	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8

<b>Beaumont</b> Nonpriority Creditor's Name <b>PO Box 554878</b> <b>Detroit, MI 48255-4878</b> Number Street City State Zip Code	Last 4 digits of account number <b>1961</b>	\$250.00
	When was the debt incurred? <b>2017</b>	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.9

<b>Beaumont Buisness Center</b> Nonpriority Creditor's Name <b>750 Stephenson Hwy. Ste. 220</b> <b>Troy, MI 48007</b> Number Street City State Zip Code	Last 4 digits of account number <b>1897</b>	\$500.00
	When was the debt incurred? <b>2016</b>	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.1  
0

<b>Caine &amp; Weiner</b> Nonpriority Creditor's Name <b>21210 Erwin St.</b> <b>Woodland Hills, CA 91367</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	\$205.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.1  
1

<b>Capio Partners</b> Nonpriority Creditor's Name <b>2222 Texoma Parkway, Suite 150</b> <b>Sherman, TX 75090</b> Number Street City State Zip Code	Last 4 digits of account number <b>4094,5771,5</b> <b>775,139</b>	\$2,146.75
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2013</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Oakwood Annapolis Hospital</b>	

4.1  
2

<b>Capio Partners</b> Nonpriority Creditor's Name <b>2222 Texoma Parkway, Suite 150</b> <b>Sherman, TX 75090</b> Number Street City State Zip Code	Last 4 digits of account number <b>0628</b>	\$380.02
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Oakwood Annapolis Hospital</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.1  
3

<b>CBCS</b> Nonpriority Creditor's Name <b>PO Box 163333</b> <b>Columbus, OH 43216</b> Number Street City State Zip Code	Last 4 digits of account number <b>2121</b>	\$5,200.58
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.1  
4

<b>CBCS</b> Nonpriority Creditor's Name <b>P.O. Box 69</b> <b>Columbus, OH 43216</b> Number Street City State Zip Code	Last 4 digits of account number <b>9953</b>	\$100.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.1  
5

<b>Central Credit Service, Inc.</b> Nonpriority Creditor's Name <b>P.O. Box 1898</b> <b>Saint Charles, MO 63302</b> Number Street City State Zip Code	Last 4 digits of account number <b>2001</b>	\$1,349.59
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.1  
6

<b>Citizens Insurance Company</b> Nonpriority Creditor's Name <b>Dept. 77880/P.O. Box 77000</b> <b>Detroit, MI 48277-0880</b>	Last 4 digits of account number <b>5889</b>	\$583.04
Number Street City State Zip Code	When was the debt incurred? <b>2016</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.1  
7

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b>	Last 4 digits of account number <b>7557</b>	\$250.00
Number Street City State Zip Code	When was the debt incurred? <b>2014</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.1  
8

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b>	Last 4 digits of account number <b>7593</b>	\$250.00
Number Street City State Zip Code	When was the debt incurred? <b>2014</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.1  
9

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>6166</b>	\$380.02
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.2  
0

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>4483</b>	\$1,540.60
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.2  
1

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>0099</b>	\$45.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.2  
2

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>8640</b>	\$250.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.2  
3

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>209 South Alloy Drive</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>3920</b>	\$250.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.2  
4

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>P.O. Box 590</b> <b>Grand Blanc, MI 48400</b> Number Street City State Zip Code	Last 4 digits of account number <b>8640</b>	\$2,315.90
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<b>As of the date you file, the claim is:</b> Check all that apply	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.2  
5

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>9505</b>	\$106.15
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.2  
6

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>9803</b>	\$495.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.2  
7

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>209 South Alloy Drive</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>0443</b>	\$250.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.2  
8

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>0240</b>	\$2,020.90
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection</b>	

4.2  
9

<b>Client Financial Services</b> Nonpriority Creditor's Name <b>PO Box 350</b> <b>Fenton, MI 48430</b> Number Street City State Zip Code	Last 4 digits of account number <b>1135</b>	\$250.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Medical</b>	

4.3  
0

<b>Congress Collection Corp.</b> Nonpriority Creditor's Name <b>24901 Northwestern Hwy.</b> <b>Suite 300</b> <b>Southfield, MI 48075-5208</b> Number Street City State Zip Code	Last 4 digits of account number <b>2MPR</b>	\$230.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.3  
1

<b>Convergent Outsourcing</b> Nonpriority Creditor's Name <b>800 SW 39th Street P.O. Box 9004 Renton, WA 98057</b> Number Street City State Zip Code	Last 4 digits of account number <b>9324</b>	\$1,326.80
<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <b>2016</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - H&amp;R Block</b>	

4.3  
2

<b>Convergent Outsourcing</b> Nonpriority Creditor's Name <b>800 SW 39th Street P.O. Box 9004 Renton, WA 98057</b> Number Street City State Zip Code	Last 4 digits of account number <b>4877</b>	\$347.30
<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <b>2017</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - DTE</b>	

4.3  
3

<b>Credit Acceptance</b> Nonpriority Creditor's Name <b>25505 W. 12 Mile Rd Southfield, MI 48034</b> Number Street City State Zip Code	Last 4 digits of account number <b>1134</b>	\$2,327.70
<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <b>2015</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.3  
4

**Credit Collection Services**

Nonpriority Creditor's Name

**2 Wells Avenue  
Newton Center, MA 02459**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**4014**

**\$131.16**

When was the debt incurred?

**2014**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - Liberty Mutual**

4.3  
5

**Credit Management**

Nonpriority Creditor's Name

**4200 International Parkway  
Carrollton, TX 75007-1912**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**2259**

**\$246.00**

When was the debt incurred?

**2012**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection Account - Wow Internet**

4.3  
6

**Credit Protection Association**

Nonpriority Creditor's Name

**13355 Noel Road, Ste 2100  
Dallas, TX 75240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**5988**

**\$274.84**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - Comcast Cable**

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.3  
7

<b>Diversified Consultants, Inc.</b> Nonpriority Creditor's Name <b>P.O. Box 551268</b> <b>Jacksonville, FL 32255</b> Number Street City State Zip Code	Last 4 digits of account number <b>2259</b>	\$116.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.3  
8

<b>Drs. Harris, Birkhill, P.C.</b> Nonpriority Creditor's Name <b>P.O. Box 2802</b> <b>Dearborn, MI 48123</b> Number Street City State Zip Code	Last 4 digits of account number <b>1259</b>	\$123.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.3  
9

<b>Drs. Harris, Birkhill, P.C.</b> Nonpriority Creditor's Name <b>P.O. Box 2802</b> <b>Dearborn, MI 48123</b> Number Street City State Zip Code	Last 4 digits of account number <b>7525</b>	\$12.03
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<b>As of the date you file, the claim is:</b> Check all that apply	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.4  
0

<b>Drs. Harris, Birkhill, P.C.</b> Nonpriority Creditor's Name <b>P.O. Box 2802</b> <b>Dearborn, MI 48123</b> Number Street City State Zip Code	Last 4 digits of account number <b>2296</b>	\$21.04
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.4  
1

<b>Drs. Harris, Birkhill, P.C.</b> Nonpriority Creditor's Name <b>P.O. Box 2802</b> <b>Dearborn, MI 48123</b> Number Street City State Zip Code	Last 4 digits of account number <b>6192</b>	\$27.25
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.4  
2

<b>DTE Energy Company</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept.</b> <b>1 Energy Plaza</b> <b>Detroit, MI 48226</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	\$384.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.4  
3

<b>Dynamic Recovery Solutions</b> Nonpriority Creditor's Name <b>P.O. Box 25759</b> <b>Greenville, SC 29616-0759</b> Number Street City State Zip Code	Last 4 digits of account number <b>2169</b>	Case number (if known) <b>\$17,638.71</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2010</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.4  
4

<b>Emerg Prof of Michigan PC</b> Nonpriority Creditor's Name <b>3585 Ridge Park Dr.</b> <b>Akron, OH 44333</b> Number Street City State Zip Code	Last 4 digits of account number <b>1432</b>	Case number (if known) <b>\$465.00</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.4  
5

<b>Enhanced Recovery</b> Nonpriority Creditor's Name <b>PO Box 57547</b> <b>Jacksonville, FL 32241</b> Number Street City State Zip Code	Last 4 digits of account number <b>2259</b>	Case number (if known) <b>\$275.00</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.4  
6

**ERC**

Nonpriority Creditor's Name

**PO Box 23870  
Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5677**

**\$200.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - T Mobile**

4.4  
7

**ERC**

Nonpriority Creditor's Name

**PO Box 23870  
Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**8746**

**\$115.76**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - AT&T**

4.4  
8

**Eric W. Brust DDS MS**

Nonpriority Creditor's Name

**10460 Pelham Road  
Taylor, MI 48180-3828**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0033**

**\$4,767.46**

When was the debt incurred?

**2014**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.4  
9

**Fingerhut**

Nonpriority Creditor's Name

**Bankruptcy Dept.  
6250 Ridgewood Road  
Saint Cloud, MN 56395**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**8448**

**\$116.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card**

4.5  
0

**First National Collection Bureau**

Nonpriority Creditor's Name

**610 Waltham Way  
McCarran, NV 89434-6695**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**6389**

**\$623.16**

When was the debt incurred?

**2010**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection - Directv**

4.5  
1

**Goodman Frost, PLLC**

Nonpriority Creditor's Name

**20300 W. 12 Mile Road  
Suite 101  
Southfield, MI 48076**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0637**

**\$1,608.23**

When was the debt incurred?

**2015**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection - B-Rite Financial Services**

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.5 2	<b>Healthcare Financial Service LLC</b> Nonpriority Creditor's Name <b>Akrom Billing Center</b> <b>3585 Ridge Park Dr.</b> <b>Akron, OH 44333-8203</b> Number Street City State Zip Code	Last 4 digits of account number <b>4303</b>	\$805.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2016</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>		

4.5 3	<b>Helvey &amp; Associates, Inc.</b> Nonpriority Creditor's Name <b>1015 E. Center Street</b> <b>Warsaw, IN 46580-3420</b> Number Street City State Zip Code	Last 4 digits of account number <b>2259</b>	\$4,252.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2016</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>		

4.5 4	<b>HRG</b> Nonpriority Creditor's Name <b>PO Box 8486</b> <b>Coral Springs, FL 33075-8486</b> Number Street City State Zip Code	Last 4 digits of account number <b>8840</b>	\$324.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2015</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Emerg Prof of MI</b>		

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.5  
5

<b>IC System Inc</b> Nonpriority Creditor's Name <b>P.O. Box 64378</b> <b>Saint Paul, MN 55164-0886</b> Number Street City State Zip Code	Last 4 digits of account number <b>8746</b>	\$115.76
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - AT&amp;T Uverse</b>	

4.5  
6

<b>JJ Marshall &amp; Associates</b> Nonpriority Creditor's Name <b>6060 Collection Dr.</b> <b>Utica, MI 48316</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	\$1,768.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2011</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.5  
7

<b>Joseph, Mann &amp; Creed</b> Nonpriority Creditor's Name <b>8948 Canyon Falls Blvd., Suite 200</b> <b>Twinsburg, OH 44087</b> Number Street City State Zip Code	Last 4 digits of account number <b>2389</b>	\$469.15
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Citizens</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.5  
8

<b>Law Office of Donald R. Conrad</b> Nonpriority Creditor's Name <b>31077 Schoolcraft Rd., Suite 220</b> <b>Livonia, MI 48150-2029</b> Number Street City State Zip Code	Last 4 digits of account number <b>4070</b>	\$50.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection -</b>	

4.5  
9

<b>Law Office of George Gusses CO, LPA</b> Nonpriority Creditor's Name <b>33 S. Huron St.</b> <b>Toledo, OH 43604-8705</b> Number Street City State Zip Code	Last 4 digits of account number <b>2144</b>	\$123.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Drs. Harris, Birkhill, Wang, songe</b>	

4.6  
0

<b>Main Street Acquisition Corp.</b> Nonpriority Creditor's Name <b>Customer Service/Bankruptcy</b> <b>P.O. Box 9201</b> <b>Old Bethpage, NY 11804-9201</b> Number Street City State Zip Code	Last 4 digits of account number <b>57GC</b>	\$8,399.96
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2013</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Lawsuit</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.6  
1

<b>Mainwaring Pathology Group PC</b> Nonpriority Creditor's Name <b>P.O. Box 33723</b> <b>Detroit, MI 48232</b>	Last 4 digits of account number <b>3191</b>	\$16.00
Number Street City State Zip Code	When was the debt incurred? <b>2016</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.6  
2

<b>Medicredit, Inc.</b> Nonpriority Creditor's Name <b>PO Box 1629</b> <b>Maryland Heights, MO 63043-0519</b>	Last 4 digits of account number <b>6740</b>	\$555.22
Number Street City State Zip Code	When was the debt incurred? <b>2014</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Collection - St Joseph Mercy Hospital</b>	

4.6  
3

<b>Michigan Perinatal Associates, P.C.</b> Nonpriority Creditor's Name <b>P.O. Box 673590</b> <b>Detroit, MI 48267-3590</b>	Last 4 digits of account number <b>7450</b>	\$562.07
Number Street City State Zip Code	When was the debt incurred? <b>2012</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.6 4	<b>Michigan Surgery Specialists</b> Nonpriority Creditor's Name <b>Billing Department</b> <b>29900 Lorraine Avenue, Suite 400</b> <b>Warren, MI 48093</b> Number Street City State Zip Code	Last 4 digits of account number <b>6800</b>	\$230.00
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.6 5	<b>Mohammed Arman MD PC</b> Nonpriority Creditor's Name <b>4000 Allen Road, Dept #122</b> <b>Allen Park, MI 48101-2756</b> Number Street City State Zip Code	Last 4 digits of account number <b>7296</b>	\$25.00
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.6 6	<b>National Credit Corporation</b> Nonpriority Creditor's Name <b>7091 Orchard Lake Road, Suite 100</b> <b>West Bloomfield, MI 48322</b> Number Street City State Zip Code	Last 4 digits of account number <b>4006</b>	\$1,761.16
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.6  
7

<b>Oakwood Annapolis Hospital</b> Nonpriority Creditor's Name <b>Patient Financial Services</b> <b>33155 Annapolis Street</b> <b>Wayne, MI 48184</b>	Last 4 digits of account number <b>3163</b>	\$64.09
Number Street City State Zip Code	When was the debt incurred? <b>2012</b>	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b>	

4.6  
8

<b>Oakwood Health System</b> Nonpriority Creditor's Name <b>Dept. 249001</b> <b>P.O. Box 67000</b> <b>Detroit, MI 48267-2490</b>	Last 4 digits of account number <b>4459</b>	\$450.00
Number Street City State Zip Code	When was the debt incurred? <b>2012</b>	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.6  
9

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>P.O. Box 441575</b> <b>Detroit, MI 48224-1575</b>	Last 4 digits of account number <b>1897</b>	\$295.00
Number Street City State Zip Code	When was the debt incurred? <b>2014</b>	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.7  
0

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>PO Box 674576</b> <b>Detroit, MI 48267-4576</b>	Number Street City State Zip Code	Last 4 digits of account number	<b>5653</b>	\$450.00
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent				
<input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans				
<input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>				

4.7  
1

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>PO Box 674576</b> <b>Detroit, MI 48267-4576</b>	Number Street City State Zip Code	Last 4 digits of account number	<b>2357</b>	\$15.60
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent				
<input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans				
<input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>				

4.7  
2

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>PO Box 674576</b> <b>Detroit, MI 48267-4576</b>	Number Street City State Zip Code	Last 4 digits of account number	<b>7628</b>	\$380.02
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent				
<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans				
<input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>				

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.7  
3

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>P.O. Box 674576</b> <b>Detroit, MI 48267-4576</b> Number Street City State Zip Code	Last 4 digits of account number <b>1897</b>	\$2,441.75
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.7  
4

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>PO Box 674576</b> <b>Detroit, MI 48267-4576</b> Number Street City State Zip Code	Last 4 digits of account number <b>0509</b>	\$100.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.7  
5

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>P.O. Box 441575</b> <b>Detroit, MI 48224-1575</b> Number Street City State Zip Code	Last 4 digits of account number <b>0610</b>	\$19.32
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<b>As of the date you file, the claim is:</b> Check all that apply	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.7  
6

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>P.O. Box 674576</b> <b>Detroit, MI 48267-4576</b> Number Street City State Zip Code	Last 4 digits of account number <b>6792</b>	Amount of claim <b>\$221.00</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2011</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.7  
7

<b>Oakwood Healthcare</b> Nonpriority Creditor's Name <b>P.O. Box 674576</b> <b>Detroit, MI 48267-4576</b> Number Street City State Zip Code	Last 4 digits of account number <b>7275</b>	Amount of claim <b>\$25.00</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.7  
8

<b>OHI Ambulatory</b> Nonpriority Creditor's Name <b>P.O. Box 673006</b> <b>Detroit, MI 48267</b> Number Street City State Zip Code	Last 4 digits of account number <b>5653</b>	Amount of claim <b>\$183.42</b>
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<b>As of the date you file, the claim is:</b> Check all that apply	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.7  
9

<b>Paris Asthma &amp; Allergy Center</b> Nonpriority Creditor's Name <b>14555 Levan Road</b> <b>Livonia, MI 48154-5085</b> Number Street City State Zip Code	Last 4 digits of account number <b>3840</b>	\$50.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8  
0

<b>Phoenix Financial Services</b> Nonpriority Creditor's Name <b>8902 Otis Ave 103A</b> <b>Indianapolis, IN 46216</b> Number Street City State Zip Code	Last 4 digits of account number <b>9224</b>	\$465.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Emerg Prof of Michigan</b>	

4.8  
1

<b>Phoenix Financial Services</b> Nonpriority Creditor's Name <b>8902 Otis Ave 103A</b> <b>Indianapolis, IN 46216</b> Number Street City State Zip Code	Last 4 digits of account number <b>7011</b>	\$324.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.8  
2

<b>Professional Emerg Care</b> Nonpriority Creditor's Name <b>P.O. Box 1257</b> <b>Troy, MI 48099-1257</b> Number Street City State Zip Code	Last 4 digits of account number <b>0PEC</b>	\$434.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2014</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8  
3

<b>Professional Emergency Care</b> Nonpriority Creditor's Name <b>P.O. Box 3475</b> <b>Toledo, OH 43607-0475</b> Number Street City State Zip Code	Last 4 digits of account number <b>63GC</b>	\$476.65
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2012</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8  
4

<b>Progressive Insurance Company</b> Nonpriority Creditor's Name <b>Corporate Headquarters</b> <b>6300 Wilson Mills Road</b> <b>Cleveland, OH 44143</b> Number Street City State Zip Code	Last 4 digits of account number <b>1370</b>	\$204.84
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Insurance</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.8  
5

<b>Security Credit Service</b> Nonpriority Creditor's Name <b>2653 West Oxford Loop, Suite 108 Oxford, MS 38655</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	\$1,349.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

4.8  
6

<b>Southgate Urgent Care</b> Nonpriority Creditor's Name <b>P.O. Box 32588 04 Detroit, MI 48232-0588</b> Number Street City State Zip Code	Last 4 digits of account number <b>4070</b>	\$25.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8  
7

<b>St Joseph Mercy Health Systems</b> Nonpriority Creditor's Name <b>PO Box 382095 Pittsburgh, PA 15250-8095</b> Number Street City State Zip Code	Last 4 digits of account number <b>3215</b>	\$555.22
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2013</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.8  
8

<b>St. Joseph Mercy Health System</b> Nonpriority Creditor's Name <b>P.O. Box 993</b> <b>Ann Arbor, MI 48106-0993</b> Number Street City State Zip Code	Last 4 digits of account number <b>6006</b>	\$99.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.8  
9

<b>The Guidance Center Adult &amp; Family</b> Nonpriority Creditor's Name <b>8539 Reliable Parkway</b> <b>Chicago, IL 60686-0085</b> Number Street City State Zip Code	Last 4 digits of account number <b>6649</b>	\$160.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2013</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.9  
0

<b>Total Card</b> Nonpriority Creditor's Name <b>Attn: Customer Service</b> <b>5109 S. Broadband Ln.</b> <b>Sioux Falls, SD 57108</b> Number Street City State Zip Code	Last 4 digits of account number <b>0034</b>	\$1,366.88
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.9  
1

<b>Total Card, Inc</b> Nonpriority Creditor's Name <b>5109 S. Broadband Lane Sioux Falls, SD 57108</b> Number Street City State Zip Code	Last 4 digits of account number <b>4756</b>	\$1,366.88
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - DTE</b>	

4.9  
2

<b>United Collection Bureau</b> Nonpriority Creditor's Name <b>5620 Southwyck Blvd., Suite 206 Toledo, OH 43614</b> Number Street City State Zip Code	Last 4 digits of account number <b>7960</b>	\$513.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - Professional Emergency</b>	

4.9  
3

<b>Universal Credit Services</b> Nonpriority Creditor's Name <b>3582 Avon Street Hartland, MI 48353</b> Number Street City State Zip Code	Last 4 digits of account number <b>6169</b>	\$60.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection - U/M Health Systems</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.9  
4

<b>University of MI Health Systems</b> Nonpriority Creditor's Name <b>Attn: Pattie</b> <b>700 KMS Place</b> <b>3621 S. State Street</b> <b>Ann Arbor, MI 48108</b> Number Street City State Zip Code	Last 4 digits of account number <b>3964</b>	\$5,245.00
<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.9  
5

<b>University of MI Health Systems</b> Nonpriority Creditor's Name <b>Attn: Pattie</b> <b>700 KMS Place</b> <b>3621 S. State Street</b> <b>Ann Arbor, MI 48108</b> Number Street City State Zip Code	Last 4 digits of account number <b>9695</b>	\$1,140.00
<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

4.9  
6

<b>University of MI School of Dentistry</b> Nonpriority Creditor's Name <b>4251 Plymouth Rd. Bldg 3-2400</b> <b>Ann Arbor, MI 48105-3640</b> Number Street City State Zip Code	Last 4 digits of account number <b>7345</b>	\$3,686.00
<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

4.9  
7

<b>Urgent Care One</b> Nonpriority Creditor's Name <b>6200 Middlebelt</b> <b>Garden City, MI 48135</b> Number Street City State Zip Code	Last 4 digits of account number <b>8478</b>	\$160.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>2013</b>	
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>		

4.9  
8

<b>US Bank Home Mortgage</b> Nonpriority Creditor's Name <b>P.O. Box 21948</b> <b>Saint Paul, MN 55121</b> Number Street City State Zip Code	Last 4 digits of account number <b>8448</b>	\$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>2010</b>	
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>NOTICE ONLY</b>		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**29th District Court Civil Division**  
**Case No. 121663GC**  
**34808 Sims Avenue**  
**Wayne, MI 48184**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Anesthesia Associates of Ann Arbor**  
**2006 Hogback Road, Suite #5**  
**Ann Arbor, MI 48105-9750**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**AT&T**  
**208 S. Akard St.**  
**Dallas, TX 75202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**AT&T Midwest**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

**P.O. Box 8212**  
**Aurora, IL 60572-8212**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**AT&T U-Verse**  
**P.O. Box 5014**  
**Carol Stream, IL 60197-5014**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**B-Rite Financial Services**  
**Attn: Bankruptcy Dept.**  
**27771 Ford Road**  
**Garden City, MI 48135**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Beaumont Health System**  
**PO BOX 5042**  
**Troy, MI 48007-5042**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Comcast**  
**41112 Concept Drive**  
**Plymouth, MI 48170-4253**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Comcast Cable - Main Office**  
**6095 Wall Street**  
**Sterling Hts., MI 48312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Consumers Energy**  
**P.O. Box 740309**  
**Cincinnati, OH 45274-0309**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Credence Resource Management**  
**17000 Dallas Parkway Ste. 204**  
**Dallas, TX 75248**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Direct TV, Inc.**  
**Attn: Bankruptcy Dept.**  
**P.O. Box 6550**  
**Greenwood Village, CO 80155-6550**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.50** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dr. Richard Singer**  
**22731 Newman St #100a**  
**Dearborn, MI 48124**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DTE Energy Company**  
**Attn: Bankruptcy Dept.**  
**1 Energy Plaza**  
**Detroit, MI 48226**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DTE Energy Company**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known)

**Attn: Bankruptcy Dept.**  
**1 Energy Plaza**  
**Detroit, MI 48226**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DTE Energy Customer Service**  
**2000 Second Avenue**  
**Detroit, MI 48226-1279**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**H & R Block Bank**  
**1 H and R Block Way**  
**Kansas City, MO 64105**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Kmart Credit Card/HB(SB), NA**  
**HRS USA**  
**P.O. Box 15521**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Leikin, Ingber & Winters, P.C.**  
**3000 Town Center**  
**Suite 2390**  
**Southfield, MI 48075-1387**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.60** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Leikin, Ingber & Winters, P.C.**  
**3000 Town Center**  
**Suite 2390**  
**Southfield, MI 48075-1387**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.83** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Liberty Mutual Insurance Co.**  
**P.O. Box 9191**  
**Farmington Hills, MI 48333**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**National City Bank**  
**Consumer Loan Services**  
**P.O. Box 5570**  
**Cleveland, OH 44101-0570**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Oakwood Annapolis Hospital**  
**Patient Financial Services**  
**33155 Annapolis Street**  
**Wayne, MI 48184**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Oakwood Annapolis Hospital**  
**Patient Financial Services**  
**33155 Annapolis Street**  
**Wayne, MI 48184**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Oakwood Hospital**  
**Patient Financial Services**  
**18101 Oakwood Blvd.**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known) \_\_\_\_\_

**Dearborn, MI 48123**

Last 4 digits of account number

Name and Address  
**Progressive**  
**P.O. Box 31260**  
**Tampa, FL 33631**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**St. Joseph Mercy Hospital**  
**P.O. Box 993**  
**Ann Arbor, MI 48106**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**T-Mobile, Bankruptcy**  
**P.O. Box 37380**  
**Albuquerque, NM 87176**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**University of MI Health Systems**  
**Attn: Pattie**  
**700 KMS Place**  
**3621 S. State Street**  
**Ann Arbor, MI 48108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US Attorney (IRS)**  
**Attn: Civil Division**  
**211 W. Fort Street, Suite 2001**  
**Detroit, MI 48226-3211**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US Bank Home Mortgage**  
**Wisconsin Servicing**  
**16900 West Capitol Dr.**  
**Brookfield, WI 53005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.98** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Wow Internet-Cable-Phone**  
**P.O. Box 4350**  
**Carol Stream, IL 60197-5715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>	
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>1,400.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>1,400.00</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that	6g.	\$ _____

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (if known) \_\_\_\_\_

you did not report as priority claims

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

6h.	\$	<b>0.00</b>
6i.	\$	<b>0.00</b>
	\$	<b>93,801.31</b>
6j.	\$	<b>93,801.31</b>

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code			
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	
2.5	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:	
Debtor 1	<b><u>Michael D. Hickman</u></b>
Debtor 2 (Spouse, if filing)	<b><u>Melissa M. Hickman</u></b>
United States Bankruptcy Court for the: <b><u>EASTERN DISTRICT OF MICHIGAN</u></b>	
Case number (If known)	<hr/>

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

---

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work

Occupation may include student or homemaker, if it applies.

<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
<b>Plumber</b>	<b>Unemployed</b>
<b><u>Kevin Irwin Plumbing</u></b>	
<b>1890 Stockmeyer Westland, MI 48186</b>	

**Part 3: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u><b>2,698.49</b></u>	\$ <u><b>0.00</b></u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u><b>0.00</b></u>	+\$ <u><b>0.00</b></u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u><b>2,698.49</b></u>	\$ <u><b>0.00</b></u>

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <b>2,698.49</b>	\$ <b>0.00</b>

**Copy line 4 here** \_\_\_\_\_

**5. List all payroll deductions:**

5a. **Tax, Medicare, and Social Security deductions**  
 5b. **Mandatory contributions for retirement plans**  
 5c. **Voluntary contributions for retirement plans**  
 5d. **Required repayments of retirement fund loans**  
 5e. **Insurance**  
 5f. **Domestic support obligations**  
 5g. **Union dues**  
 5h. **Other deductions.** Specify: \_\_\_\_\_

5a.	\$ <b>659.74</b>	\$ <b>0.00</b>
5b.	\$ <b>0.00</b>	\$ <b>0.00</b>
5c.	\$ <b>0.00</b>	\$ <b>0.00</b>
5d.	\$ <b>0.00</b>	\$ <b>0.00</b>
5e.	\$ <b>0.00</b>	\$ <b>0.00</b>
5f.	\$ <b>0.00</b>	\$ <b>0.00</b>
5g.	\$ <b>671.56</b>	\$ <b>0.00</b>
5h.+	\$ <b>0.00</b>	+ \$ <b>0.00</b>

**6. Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **1,331.30** \$ **0.00**

**7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.

7. \$ **1,367.19** \$ **0.00**

**8. List all other income regularly received:**

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **0.00**

8b. **Interest and dividends**

8b. \$ **0.00** \$ **0.00**

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **0.00**

8d. **Unemployment compensation**

8d. \$ **0.00** \$ **0.00**

8e. **Social Security**

8e. \$ **0.00** \$ **0.00**

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: **Social Security for Son**

8f. \$ **587.76** \$ **0.00**

8g. **Pension or retirement income**

8g. \$ **0.00** \$ **0.00**

8h. **Other monthly income.** Specify: \_\_\_\_\_

8h.+ \$ **0.00** + \$ **0.00**

**9. Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **587.76** \$ **0.00**

**10. Calculate monthly income.** Add line 7 + line 9.

10. \$ **1,954.95** + \$ **0.00** = \$ **1,954.95**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify: \_\_\_\_\_

11. +\$ **0.00**

**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ **1,954.95**

**Combined monthly income**

**13. Do you expect an increase or decrease within the year after you file this form?**

No.  
 Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**  
(Spouse, if filing)  
United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**  
Case number **(If known)**

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

**MM / DD / YYYY**

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

**Son**

**7**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**Daughter**

**15**

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

#### Your expenses

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **0.00**  
4d. \$ **0.00**  
5. \$ **0.00**

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>225.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

**7. Food and housekeeping supplies**

**8. Childcare and children's education costs**

**9. Clothing, laundry, and dry cleaning**

**10. Personal care products and services**

**11. Medical and dental expenses**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ <u>325.00</u>
----------------------

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ <u>0.00</u>
--------------------

**14. Charitable contributions and religious donations**

14. \$ <u>0.00</u>
--------------------

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance \$ <u>0.00</u>
15b. Health insurance \$ <u>0.00</u>
15c. Vehicle insurance \$ <u>150.00</u>
15d. Other insurance. Specify: _____ \$ <u>0.00</u>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ <u>0.00</u>
--------------------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1 \$ <u>504.00</u>
17b. Car payments for Vehicle 2 \$ <u>0.00</u>
17c. Other. Specify: _____ \$ <u>0.00</u>
17d. Other. Specify: _____ \$ <u>0.00</u>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ <u>0.00</u>
\$ <u>0.00</u>

**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ <u>0.00</u>
--------------------

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property \$ <u>0.00</u>
20b. Real estate taxes \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses \$ <u>0.00</u>
20e. Homeowner's association or condominium dues \$ <u>0.00</u>

21. Other: Specify: \$ <u>0.00</u>
------------------------------------

21. Other: Specify: \_\_\_\_\_

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.  
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
 22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <u>1,954.00</u>
\$ <u>1,954.00</u>
\$ <u>1,954.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.  
 23b. Copy your monthly expenses from line 22c above.

23a. \$ <u>1,954.95</u>
23b. -\$ <u>1,954.00</u>

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

23c. \$ <u>0.95</u>
---------------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MICHIGAN</u>		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Michael D. Hickman

**Michael D. Hickman**  
Signature of Debtor 1

Date March 28, 2017

/s/ Melissa M. Hickman

**Melissa M. Hickman**  
Signature of Debtor 2

Date March 28, 2017

Fill in this information to identify your case:

Debtor 1	<b>Michael D. Hickman</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Melissa M. Hickman</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,604.56	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$32,814.08</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$32,212.96</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Social Security for Son</b>	<b>\$1,763.01</b>		
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<b>Social Security for Son</b>	<b>\$7,052.04</b>		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<b>Social Security for Son</b>	<b>\$7,052.04</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>
------------------------------------	-------------------------	--------------------------	-----------------------------	---------------------------------

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Credit Acceptance Corp. PO Box 5070 Southfield, MI 48086	Jan, Feb, & Mar 2017 for Car Payments	\$1,512.00	\$15,316.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Professional Emergency Care v. Melissa Hickman 121663GC	Civil	29th District Court Civil Division Case No. 121663GC 34808 Sims Avenue Wayne, MI 48184	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  <b>Judgment Entered</b>

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### **Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
--	--------------------	--------------------------	-------

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

#### **Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

#### **Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Berman & Bishop PLLC 24405 Gratiot Avenue Eastpointe, MI 48021 bermanbishop@gmail.com	\$900.00	March 28, 2017	\$900.00

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You  GreenPath Debt Solutions 33533 W. 12 Mile Road, Suite 178 Farmington Hills, MI 48331 greenpathbk.com	\$25.00	March 2017	\$25.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Michael D. Hickman**  
Debtor 2 **Melissa M. Hickman**

Case number (*if known*) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Michael D. Hickman*  
Michael D. Hickman  
Signature of Debtor 1

*/s/ Melissa M. Hickman*  
Melissa M. Hickman  
Signature of Debtor 2

Date March 28, 2017

Date March 28, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Michael D. Hickman**  
**Melissa M. Hickman**

Debtor(s)

Case No.  
Chapter

7

**STATEMENT OF ATTORNEY FOR DEBTOR(S)**  
**PURSUANT TO F.R.BANKR.P. 2016(b)**

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.
2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]
 

**FLAT FEE**

A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid .....	<b>900.00</b>
B.	Prior to filing this statement, received .....	<b>900.00</b>
C.	The unpaid balance due and payable is .....	<b>0.00</b>

**RETAINER**

A.	Amount of retainer received .....	
B.	The undersigned shall bill against the retainer at an hourly rate of \$ _____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	
3. \$ **0.00** of the filing fee has been paid.
4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

~~D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~

E. Reaffirmations;

~~F. Redemptions;~~

G. Other:

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; shall be billed at the rate of \$285.00 per hour, or such hourly rate as the attorney may charge at the times of services rendered. Attorney is entitled to require a retainer, in an amount to be set by the attorney to be engaged for any of the previously enumerated services. Attorney is not obligated to accept an engagement.**

**Representation shall be billed at the rate of \$285.00 per hour or such hourly rate as the attorney may charge at the time of services rendered; The attorney has estimated the fee in this case to be \$900.00. The attorney will attempt to complete attorney services within said estimated fee, however, client understands circumstances may not permit completion of services for the amount of the estimated fee**
6. The source of payments to the undersigned was from:
 

A. XX Debtor(s)' earnings, wages, compensation for services performed

B. \_\_\_\_\_ Other (describe, including the identity of payor)

7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: March 28, 2017

**/s/ ROBERT W. BISHOP**

Attorney for the Debtor(s)

**ROBERT W. BISHOP P-66345**

**Berman & Bishop, PLLC**

**24405 Gratiot**

**Eastpointe, MI 48021**

**(586) 775-0600 (Bishop) (586) or 779-6000**

**(Berman) bermanbishop@gmail.com or**

**JackBerman72@gmail.com**

Agreed: /s/ Michael D. Hickman  
**Michael D. Hickman**  
Debtor

**/s/ Melissa M. Hickman**

**Melissa M. Hickman**

Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+      \$75	<u>administrative fee</u>
	\$275     total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+      \$75	<u>administrative fee</u>
	\$310     total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
Eastern District of Michigan**

In re **Michael D. Hickman  
Melissa M. Hickman**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **March 28, 2017**

**/s/ Michael D. Hickman**

**Michael D. Hickman**

Signature of Debtor

Date: **March 28, 2017**

**/s/ Melissa M. Hickman**

**Melissa M. Hickman**

Signature of Debtor

US Trustee  
211 W. Fort Street  
Suite #700  
Detroit, MI 48226

29th District Court Civil Division  
Case No. 121663GC  
34808 Sims Avenue  
Wayne, MI 48184

Accelerated Receivables  
2223 Broadway  
Scottsbluff, NE 69361

Akron Billing Center  
3585 Ridge Park Dr.  
Akron, OH 44333

Anesthesia Assoicates of Ann Arbor  
2006 Hogback Road, Suite #5  
Ann Arbor, MI 48105-9750

Assoicates in Gastroenterology PC  
PO Box 44047  
Detroit, MI 48244-0047

Astro Ins Agencies Inc  
10894 Beech Daly Rd  
Taylor, MI 48180

AT&T  
208 S. Akard St.  
Dallas, TX 75202

AT&T Midwest  
P.O. Box 8212  
Aurora, IL 60572-8212

AT&T U-Verse  
P.O. Box 5014  
Carol Stream, IL 60197-5014

B-Rite Financial Services  
Attn: Bankruptcy Dept.  
27771 Ford Road  
Garden City, MI 48135

Beaumont  
PO Box 674576  
Detroit, MI 48267-4576

Beaumont  
PO Box 554878  
Detroit, MI 48255-4878

Beaumont Buisiness Center  
750 Stephenson Hwy. Ste. 220  
Troy, MI 48007

Beaumont Health System  
PO BOX 5042  
Troy, MI 48007-5042

Caine & Weiner  
21210 Erwin St.  
Woodland Hills, CA 91367

Capio Partners  
2222 Texoma Parkway, Suite 150  
Sherman, TX 75090

CBCS  
PO Box 163333  
Columbus, OH 43216

CBCS  
P.O. Box 69  
Columbus, OH 43216

Central Credit Service, Inc.  
P.O. Box 1898  
Saint Charles, MO 63302

Citizens Insurance Company  
Dept. 77880/P.O. Box 77000  
Detroit, MI 48277-0880

Client Financial Services  
PO Box 350  
Fenton, MI 48430

Client Financial Services  
209 South Alloy Drive  
Fenton, MI 48430

Client Financial Services  
P.O. Box 590  
Grand Blanc, MI 48480

Comcast  
41112 Concept Drive  
Plymouth, MI 48170-4253

Comcast Cable - Main Office  
6095 Wall Street  
Sterling Hts., MI 48312

Congress Collection Corp.  
24901 Northwestern Hwy.  
Suite 300  
Southfield, MI 48075-5208

Consumers Energy  
P.O. Box 740309  
Cincinnati, OH 45274-0309

Convergent Outsourcing  
800 SW 39th Street  
P.O. Box 9004  
Renton, WA 98057

Credence Resource Management  
17000 Dallas Parkway Ste. 204  
Dallas, TX 75248

Credit Acceptance  
25505 W. 12 Mile Rd  
Southfield, MI 48034

Credit Acceptance Corp.  
PO Box 5070  
Southfield, MI 48086

Credit Collection Services  
2 Wells Avenue  
Newton Center, MA 02459

Credit Management  
4200 International Parkway  
Carrollton, TX 75007-1912

Credit Protection Association  
13355 Noel Road, Ste 2100  
Dallas, TX 75240

Direct TV, Inc.  
Attn: Bankruptcy Dept.  
P.O. Box 6550  
Greenwood Village, CO 80155-6550

Diversified Consultants, Inc.  
P.O. Box 551268  
Jacksonville, FL 32255

Dr. Richard Singer  
22731 Newman St #100a  
Dearborn, MI 48124

Drs. Harris, Birkhill, P.C.  
P.O. Box 2802  
Dearborn, MI 48123

DTE Energy Company  
Attn: Bankruptcy Dept.  
1 Energy Plaza  
Detroit, MI 48226

DTE Energy Customer Service  
2000 Second Avenue  
Detroit, MI 48226-1279

Dynamic Recovery Solutions  
P.O. Box 25759  
Greenville, SC 29616-0759

Emerg Prof of Michigan PC  
3585 Ridge Park Dr.  
Akron, OH 44333

Enhanced Recovery  
PO Box 57547  
Jacksonville, FL 32241

ERC  
PO Box 23870  
Jacksonville, FL 32241

Eric W. Brust DDS MS  
10460 Pelham Road  
Taylor, MI 48180-3828

Fingerhut  
Bankruptcy Dept.  
6250 Ridgewood Road  
Saint Cloud, MN 56395

First National Collection Bureau  
610 Waltham Way  
McCarran, NV 89434-6695

Goodman Frost, PLLC  
20300 W. 12 Mile Road  
Suite 101  
Southfield, MI 48076

H & R Block Bank  
1 H and R Block Way  
Kansas City, MO 64105

Healthcare Financial Service LLC  
Akrom Billing Center  
3585 Ridge Park Dr.  
Akron, OH 44333-8203

Helvey & Associates, Inc.  
1015 E. Center Street  
Warsaw, IN 46580-3420

HRRG  
PO Box 8486  
Coral Springs, FL 33075-8486

IC System Inc  
P.O. Box 64378  
Saint Paul, MN 55164-0886

Internal Revenue Service  
Central Insolvency Center  
PO Box 7346  
Philadelphia, PA 19101-7346

JJ Marshall & Associates  
6060 Collection Dr.  
Utica, MI 48316

Joseph, Mann & Creed  
8948 Canyon Falls Blvd., Suite 200  
Twinsburg, OH 44087

Kmart Credit Card/HB(SB), NA  
HRS USA  
P.O. Box 15521  
Wilmington, DE 19850

Law Office of Donald R. Conrad  
31077 Schoolcraft Rd., Suite 220  
Livonia, MI 48150-2029

Law Office of George Gusses CO, LPA  
33 S. Huron St.  
Toledo, OH 43604-8705

Leikin, Ingber & Winters, P.C.  
3000 Town Center  
Suite 2390  
Southfield, MI 48075-1387

Liberty Mutual Insurance Co.  
P.O. Box 9191  
Farmington Hills, MI 48333

Main Street Acquisition Corp.  
Customer Service/Bankruptcy  
P.O. Box 9201  
Old Bethpage, NY 11804-9201

Mainwaring Pathology Group PC  
P.O. Box 33723  
Detroit, MI 48232

Medicredit, Inc.  
PO Box 1629  
Maryland Heights, MO 63043-0519

Michigan Perinatal Associates, P.C.  
P.O. Box 673590  
Detroit, MI 48267-3590

Michigan Surgery Specialists  
Billing Department  
29900 Lorraine Avenue, Suite 400  
Warren, MI 48093

Mohammed Arman MD PC  
4000 Allen Road, Dept #122  
Allen Park, MI 48101-2756

National City Bank  
Consumer Loan Services  
P.O. Box 5570  
Cleveland, OH 44101-0570

National Credit Corporation  
7091 Orchard Lake Road, Suite 100  
West Bloomfield, MI 48322

Oakwood Annapolis Hospital  
Patient Financial Services  
33155 Annapolis Street  
Wayne, MI 48184

Oakwood Health System  
Dept. 249001  
P.O. Box 67000  
Detroit, MI 48267-2490

Oakwood Healthcare  
P.O. Box 441575  
Detroit, MI 48224-1575

Oakwood Healthcare  
PO Box 674576  
Detroit, MI 48267-4576

Oakwood Healthcare  
P.O. Box 674576  
Detroit, MI 48267-4576

Oakwood Hospital  
Patient Financial Services  
18101 Oakwood Blvd.  
Dearborn, MI 48123

OHI Ambulatory  
P.O. Box 673006  
Detroit, MI 48267

Paris Asthma & Allergy Center  
14555 Levan Road  
Livonia, MI 48154-5085

Phoenix Financial Services  
8902 Otis Ave 103A  
Indianapolis, IN 46216

Professional Emerg Care  
P.O. Box 1257  
Troy, MI 48099-1257

Professional Emergency Care  
P.O. Box 3475  
Toledo, OH 43607-0475

Progressive  
P.O. Box 31260  
Tampa, FL 33631

Progressive Insurance Company  
Corporate Headquarters  
6300 Wilson Mills Road  
Cleveland, OH 44143

Security Credit Service  
2653 West Oxford Loop, Suite 108  
Oxford, MS 38655

Southgate Urgent Care  
P.O. Box 32588 04  
Detroit, MI 48232-0588

St Joseph Mercy Health Systems  
PO Box 382095  
Pittsburgh, PA 15250-8095

St. Joseph Mercy Health System  
P.O. Box 993  
Ann Arbor, MI 48106-0993

St. Joseph Mercy Hospital  
P.O. Box 993  
Ann Arbor, MI 48106

T-Mobile, Bankruptcy  
P.O. Box 37380  
Albuquerque, NM 87176

The Guidance Center Adult & Family  
8539 Reliable Parkway  
Chicago, IL 60686-0085

Total Card  
Attn: Customer Service  
5109 S. Broadband Ln.  
Sioux Falls, SD 57108

Total Card, Inc  
5109 S. Broadband Lane  
Sioux Falls, SD 57108

United Collection Bureau  
5620 Southwyck Blvd., Suite 206  
Toledo, OH 43614

Universal Credit Services  
3582 Avon Street  
Hartland, MI 48353

University of MI Health Systems  
Attn: Pattie  
700 KMS Place  
3621 S. State Street  
Ann Arbor, MI 48108

University of MI School of Dentistry  
4251 Plymouth Rd. Bldg 3-2400  
Ann Arbor, MI 48105-3640

Urgent Care One  
6200 Middlebelt  
Garden City, MI 48135

US Attorney (IRS)  
Attn: Civil Division  
211 W. Fort Street, Suite 2001  
Detroit, MI 48226-3211

US Bank Home Mortgage  
P.O. Box 21948  
Saint Paul, MN 55121

US Bank Home Mortgage  
Wisconsin Servicing  
16900 West Capitol Dr.  
Brookfield, WI 53005

Wow Internet-Cable-Phone  
P.O. Box 4350  
Carol Stream, IL 60197-5715